

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560804

FILING DATE

15 DEC 2005

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/	
2			/		/	
3			/		/	
4			/		/	
5			/		/	
6			/		/	
7			/		/	
8			/		/	
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10			/		/	
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12			/		/	
13			/		/	
14			/		/	
15			/		/	
16			/		/	
17			/		/	
18			/		/	
19			/		/	
20			/		/	
21			/		/	
22			/		/	
23			/		/	
24			/		/	
25			/		/	
26			/		/	
27			/		/	
28			0		/	
29			/		/	
30			0		/	
31			/		/	
32			0		/	
33			/		/	
34			/		/	
35			0		/	
36			0		/	
37			/		/	
38			/		/	
39			/		/	
40			/		/	
41			/		/	
42			/		/	
43			2		/	
44			0		/	
45			0		/	
46					/	
47					/	
48					/	
49					/	
50					/	
TOTAL IND.					8	↓
TOTAL DEP.			←	←	42	←
TOTAL CLAIMS					50	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					0	↓
TOTAL DEP.			←	←	13	←
TOTAL CLAIMS					13	